Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP 3313-0482P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:	PRODUCTION METHOD OF MULTI-LAYER INFORMATION RECORD CARRIERS									
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nformation -	the specification	was filed on				as				
or Use Without	United States Ap	plication Number				//C 1: 11 X	1 1/-			
pecification	and amended on					(if applicable)	and/or			
Attached:	the specification	was filed on					_asrC1			
	international Ap	рисацоп Number РСТ Article 19 on				(if ap	plicable)			
En à										
Enj	I hereby state the	at I have reviewed	d and understand	the contents of t	the above-identified specific	ation, including	the claims, as			
Ent	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal									
Filt	Paguiationa \$1.56									
## * E =	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one									
No. 30 WEST STORY OF THE STORY	Trans prior to this app	dication that the	cama was not in :	niiniic iise or on	sale in the Limited States O	г атпенса иняе і	man one vear			
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Hann Hann	date of this application, in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this									
k _n å	patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this									
E	application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having									
Eng	or inventor's certificat	te listed below and	l have also identif	ied below any fo	reign application for patent	or inventor's cert	ificate having			
h in the second	a filing date before the	at of the application	on on which prior	ity is claimed:	0 11 1					
	D	:(-)				Priority (Taimed			
elle Eng	Prior Foreign Appli	ication(s)				1 Horney	Clamied			
Insert Priority Information:	90129239	Taiwan, R.O	D.C	11/27	/2001	\boxtimes				
(if appropriate)	(Number)	(Country)		(Mont	h/Day/Year Filed)	Yes	No			
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	(Number)	(Country)		(MOIII)	h/Day/Year Filed)	165	NO			
	I hereby claim the ber	nefit under Title 35	5, United States C	ode, §119(e) of ar	ny United States provisional	applications(s) li	sted below.			
_										
Insert Provisional	(Application Number	-)			iling Date)					
Application(s): (if any)	(Application Number)			(Timig Date)						
(11 111.9)										
	(Application Number	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to									
	the Filing Date of This Application:									
	Country		Application Nu	mber	Date of Filing (Mon	th/Day/Year)				
Insert Requested										
Information:										
(if appropriate)										
	I haraby alaim the ha	nofit under Title 2	5 United States (Code 8120 of any	United States and/or PCT	application(s) list	ed below and.			
	insofar as the subject	t matter of each	of the claims of	this application	is not disclosed in the pr	ior United States	s and/or PCT			
	application in the ma	ınner provided bv	the first paragran	oh of Title 35, Un	ited States Code, §112, I ac	knowledge the d	uty to disclose			
	intormation which is hetween the filing de-	material to the pa	itentability as def	ined in Title 37, (ational or PCT in	Code of Federal Regulations aternational filing date of the	s, gr.56 wnich bed is application.	ame avanabie			
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Insert Prior U.S.	/ 1 1 1 27 7		/mil:		(Cl-111					
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Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	C. Joseph Faraci	(Reg. No. 32,350)
Donald J. Daley	(Reg. No. 34,313)	John W. Bailey	(Reg. No. 32,881)
John A. Castellano	(Reg. No. 35,094)	-	

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Huei-Wen YANG	Huei-Wen Yang		12,26,01					
Residence (City, State & Country)	J	CITIZENSHI						
Chungli City, Taiwan, R.O.C.		Taiwan, R.O	O.C.					
POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)							
2F, No. 63, Yung-Kang Erh Street, Chungli	City, Taiwan City, R.O.C.							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Wen-Yih LIAO	Wen Jih Liao		Dec, 76. 0/					
Residence (City, State & Country)	CITIZEN		энір					
Taichung City, Taiwan, R.O.C.	Taiwan, F		.O.C.					
POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)							
No. 9, Alley 9, Lane 160, Sung-Chu Rd., Taichung City, Taiwan, R.O.C.								
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Tzuan-Ren JENG	Your ken go	n/	12.26.01					
Residence (City, State & Country)		#ITIZENSHI	P					
Hsinchu City, Taiwan, R.O.C.		Taiwan, R.O	D.C.					
POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)							
5F, Alley 200, Mei-Chih-Cheng, Hsinchu	City, Taiwan, R.O.C.							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Chien-Liang HUANG	Chien-Liang Huar	na .	12,26.01					
Residence (City, State & Country)		CITIZENSHI	P					
Taoyuan City, Taiwan, R.O.C.	Taiwan, R							
POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)	<u> </u>						
3F, No.6, Cheng-Kuan Street, Taoyuan Cit	y, Taiwan, R.O.C.							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Der-Ray HUANG	Der-Ray Shra	~	Dec. 26, 200 /					
Residence (City, State & Country)	· · · · · · · · · · · · · · · · · · ·	CITIZENSHII	P					
Hsinchu City, Taiwan, R.O.C.	· ·	Taiwan, R.C						
POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)							
3F, No.62, Lin 3, Kuan-Min Hsin Tsun, Hs	inchu City,Taiwan, R.O.C.							

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PLEASE NOTE:

Full Mane of First or Sole Inventor: Insert Mame of Inventor -Insert Date This Document is Signed Insert Résidence Insert Citizenship

Insert Post Office Address

H

Full Name of Second
Inventor, if any:
see above

Full Name of Third Inventor, if any: see above

Full Name of Fourth

Full Name of Fifth Inventor, if any see ahove

3313-0482P Full Name of Sixth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Yuai-Yu CHENG Huai-Yu CHENG Dec . 26.2001 Residence (City, State & Country) CITIZENSHIP Hsinchu City, Taiwan, R.O.C. Taiwan, R.O.C. POST OFFICE ADDRESS (Complete Street Address including City, State & Country) No.3, Alley 25, Lane 172, Sec.1 Ching-Kuo Road, Hsinchu City, Taiwan , R.O.C. Full Name of Seventh GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* ventor, if any: see above Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Eighth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Inventor, if any: see above Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full takene of Ninth Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Tenth Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Eleventh Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Twelfth Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE*

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Residence (City, State & Country)

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^{*}DATE OF SIGNATURE